

relatively frequently associated with alcohol use, since these represented 11.4 percent of the primary diagnoses with an alcohol condition mentioned, but mental disorder primary diagnoses as a whole accounted for only 4 percent of total inpatient general hospital discharges in 1980.

Table 2 indicates considerable variation in the risk of hospitalization among age and race-sex groups. Persons age 45-64 are most likely to be treated in a general hospital for an alcohol-related condition. The male risk is 3 to 4 times the female risk. Nonwhite males are 29 percent more likely than white males to be hospitalized for an alcohol-related condition, while the rate for nonwhite females is 74 percent higher than the white female rate. Special attention should be paid to the Note for Table 2. Comparisons of the North Carolina data to that from a 1980 national hospital discharge survey show that North Carolina general hospital discharge rates for alcohol-related diagnoses are around one-third less than those for the United States. This could be due to economic, cultural, or religious differences between North Carolina and the nation as a whole, as well as to reporting differences in the hospital data or to differences in the proportion of alcohol problems treated in freestanding psychiatric facilities or on an outpatient basis.

TABLE 2

**1980 N.C. Nonfederal General Hospital
Discharges per 10,000 Population with
Mention of an Alcohol-Related Diagnosis
by Age and Race-Sex Groups***
(N = 19334)

Age	Discharges per 10,000 Population
15-17	4.0
18-24	8.4
25-44	43.6
45-64	76.1
65+	41.1
Race-Sex	
White Male	48.6
White Female	12.6
Nonwhite Male	62.5
Nonwhite Female	21.9

* Note: These rates significantly understate the true involvement of alcohol in hospitalizations, due to underreporting of alcohol diagnoses on hospital records, but they do give a picture of the relative risk of alcohol-related hospitalization for age and race-sex groups. Total number of cases (N) has been adjusted for hospitals not included in the data collection.

Another source of information on alcohol-related morbidity is the North Carolina mental health statistics system. Data are collected regularly for state psychiatric hospitals, alcoholic rehabilitation centers, and area mental health programs. Like the general hospital inpatient data, however, this information covers only persons with alcohol problems who make it into the medical care system. "Mental hospital admission rates cannot be an adequate measure of the prevalence of alcoholism in the community. A large proportion of alcoholics never come to psychiatric notice ... and many die from accidents, suicide, and physical causes without their alcoholism being recognized" (5). Also, there is probably some underreporting of alcohol-related diagnoses on the records of persons who are treated in the mental health care system. Nevertheless, these data are an important source of information on the general level of use of the public mental health care system for alcohol-related problems and on differentials in use among major population subgroups.

From July 1984 through June 1985, 1140 persons with a primary diagnosis of alcohol abuse or alcohol-related disorder were served in the state's four psychiatric hospitals, representing 9 percent of all persons served. In addition, 7 percent of the persons served in the psychiatric hospitals who had a non-alcohol primary diagnosis also had an alcohol-related diagnosis mentioned on their record. There were over 3500 persons served in the four alcoholic rehabilitation centers during fiscal year 1985. In the forty-one area mental health programs in North Carolina, over 21,000 persons served in fiscal year 1985 had a primary alcohol diagnosis, which is 15 percent of the total persons served. Another 3500 persons were treated primarily for a non-alcohol diagnosis but had an alcohol-related diagnosis mentioned on their record. Counting persons who did have a primary or secondary alcohol diagnosis recorded, an estimated 30,000 persons were treated for an alcohol-related problem in fiscal year 1985 at all levels of the state-supported mental health care system. These numbers refer to treatment episodes rather than separate visits, but there is some double-counting of individuals due to program readmissions.

Table 3 shows that persons age 25-44 were most likely to be treated in the mental health care system for a primary alcohol diagnosis. For treatment in a general hospital for an alcohol-related problem, on the other hand, where negative physical consequences of drinking are likely to be involved, the age group 45-64 was shown to be at highest risk (Table 2). In Table 3 we see that males, and particularly nonwhite males, were much more likely to be treated in the mental health care system for a primary alcohol diagnosis. In terms of absolute numbers of persons served, however, white males alone accounted for 61 percent of the total.